



State of California

Kevin Shelley

Secretary of State

STATEMENT OF INFORMATION

(Limited Liability Company)

11

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

200309410005
GLOBAL ONE LENDING, LLC
8011 ELSIE AVENUE SUITE C
SACRAMENTO CA 95828

FILED
in the office of the Secretary of State
of the State of California

APR 12 2005

This Space For Filing Use Only

DUE DATE: 04/30/2005

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200309410005

3. STATE OR PLACE OF ORGANIZATION

CA

NO CHANGE STATEMENT

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 13.

If there have been any changes to the information contained in the last Statement of Information filed, or no Statement of Information has been previously filed, this form must be completed in its entirety.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE	ZIP CODE
5 PARNELL CT SUITE 60L	SACRAMENTO CA	95835
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE ZIP CODE
5 PARNELL COURT SUITE 60L	SACRAMENTO CA	CA 95835

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME	ADDRESS	CITY AND STATE	ZIP CODE
QUINN X. DANG	5 PARNELL CT. SUITE 60L	SACRAMENTO CA	95835

NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME	ADDRESS	CITY AND STATE	ZIP CODE
ANNA LOPEZ	5 PARNELL CT. SUITE 60L	SACRAMENTO CA	95835

8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS
BILL WARREN (DUNNEN BRAND) ATTORNEY LLP

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
555 CAPITOL MALL, 10TH FLOOR	SACRAMENTO	CA	95814

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

MORTGAGE LENDING

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

ANNA LOPEZ

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

SIGNATURE

OPERATION MANAGER 2/05/05

TITLE DATE